Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12396 12387 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland b COUNTY o. COUNTY Frederick MARYLAND event, within 72 hours after c, LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Since 2/21/67 **Baltimore** Frederick IS RESIDENCE ON A FARM? the attending physician and completely filled in sit permit. Then please remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1922 E. 28th St. Frederick Memorial Hospital YES NO X 3. NAME OF First Middle 4. DATE Dov Year Lost DECEASED 1967 HOWARD AMOS September 25. DEATH (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR AGE (In yeors S. SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdov) Months Dovs Hours 20 Aug 1872 Male White WIDOWED TX. DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Harford County, Md. Water Department - City of Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, John T. Amos Sarah Arthur 17. INFORMANT Address Frederick. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 21701 214-24-9565A Maryland Odd Fellows Home. Md . cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUF TO as the prior to b stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO semin Page 4 may be retained by the haspital ar for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. - (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m While Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. 25, 19 17, and that death accurred at 25 M. Fram causes and an the date stated above. saw the deceased alive an self 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. director, page 3

should be filed v PHYS. 22d, ADDRESS 22c. PHYSICIAN'S 228 N. Market St., Frederick, Md. 21701 NAME (Type) LeRoy T. Davis. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, BUTIAL (Specify) Baltimore, Maryland Loudon Park Cemetery 9/29/67 ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1967 VR A15 M. R. Etchison & Son, Frederick, Md. 21701 20 M 1/66

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239 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem #2d infor, taken CERTIFICATE OF DEATH 12400 ahr and Z requires that the death certificate be executed within 24 hours ofter death. the ottending physician ond completely filled in by the funerol sit permit. Then please remove cachon papers. Pages I, and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Frederick h hrs. Frederick d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 253 E. Church St. YES NO Frederick Memorial Hospital Middle Last 4 DATE Year DECEASED (Type or print) LEONARD C'DONN ELL RICE 67 DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Doys Hours WIDOWFD DIVORCED 9/15/67 Male White 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick, Md.

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME Beatrice Kay Claggett Is. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit QNSET AND DEATH PART I. DEATH WAS CAUSED BY: LMMATURITI IMMEDIATE CAUSE (o) .. by DUE TO signed l Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause be retoined by the hospital or offending FUNERAL DIRECTOR: After this certificate hos been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at wark at work 2). I certify that (1) (this haspital) attended the deceased fram $\frac{9}{2} - 1.5$ saw the deceased alive an 9-15 1967 and that death accurred at 1:520M, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR director, poge 3 22d. ADDRESS 22c. PHYSICIAN'S Frederick Medical Center NAME (Type) J. Fred Baker 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) ReIMOVE SpeHosp 9/15/67 Frederick Mem. Hosp. Frederick Fred. Md. 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 SEP 25 1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12394 CERTIFICATE OF DEATH 12403 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Frederick g. STATE b. COUNTY Maryland Frederick MARYLAND requires that the death certificate be executed within 24 hours after physician and campletely filled in by the CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) days Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 401 Linden Avenue NO X NAME OF 4. DATE First Last DECEASED 13, AMMON EVERS CRAMER September (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED birthday) 12-20-1883 Hours White Male and in any WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Ret Businessman Restuarant Woodsboro, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Emmeline Evler John Phillip Cramer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknawn) (If yes give war at dates of service 217-32-5021 Mrs. Mary Frances Cramer Frederick. Md. crematian. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial. Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20f. (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) ottended the deceased from. 19627. ta 9-13, 1962 that (1) (we) last be retained 12 19 6-2, and that death accurred at 7/5- M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR Frederick Medical Center Fred. Md. 22c. PHYSICIAN'S Dr. Willis J. Riddick M.D. NAME (Type) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 9-15-1967 Frederick. Maryland Frederick Memorial Park Entombment 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO VR A15 (4) 20 M 1/66 Robert E. Dailey & Son Frederick. Maryland DATESFP

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2396 MEDICAL EVANIALED CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Frederick Frederick Marvland **MARYLAND** Department after death. funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b may Frederick lifetime Frederick the 5 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? delay is and 3 to 1 State 31 East South St. East South St. YES NO K any dela 2, and PM3 F NAME DE First Middle Last 4. DATE Month Day Year the 72 DECEASED 30--- 19 Sept. 67 Karen Lynn DeGrange DEATH (Type or print) death. If a Pages 1, ith form P 世紀 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED lest birthday) | Months | × Days 2 w Jan. 17-1967 Female White WIDOWED DIVORCED event 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? Give INDUSTRY U.S.A. -Marvland guo pages 1 in any 24 hours at 13. FATHER'S NAME MOTHER'S MAIDEN NAME Paul A. DeGrange-Sr. Ann R. Smith in Item Office File Address Frederick, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal. EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is ould be forwarded to the Chief Medical Examiner's A. DeGrange-Sr.31 E. South St .-No NONE INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e cremation, DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating (0) underlying cause lest. used as to burial, WAS AUTOPSY PERFORMED? FRMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT writing the CERTIFICATION YES X NO T 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o pe 3 should tagent, price MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work CTOR: Page designated at work should be 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural_causes Accident the CHIEF MEDICAL EXAMINER YOUr 4 execute r. Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for Or director. Paretined for Description of FUNERAL D DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Robert J. Thomas NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Frederick. Md. 2170] 0 Oct. 2-1967 Mt. Olivet Cemetery Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Whitmere-24. FUNERAL DIRECTOR M.R.Etchison Frederick, 1967 Md.2 VR AISME (5) 1/65

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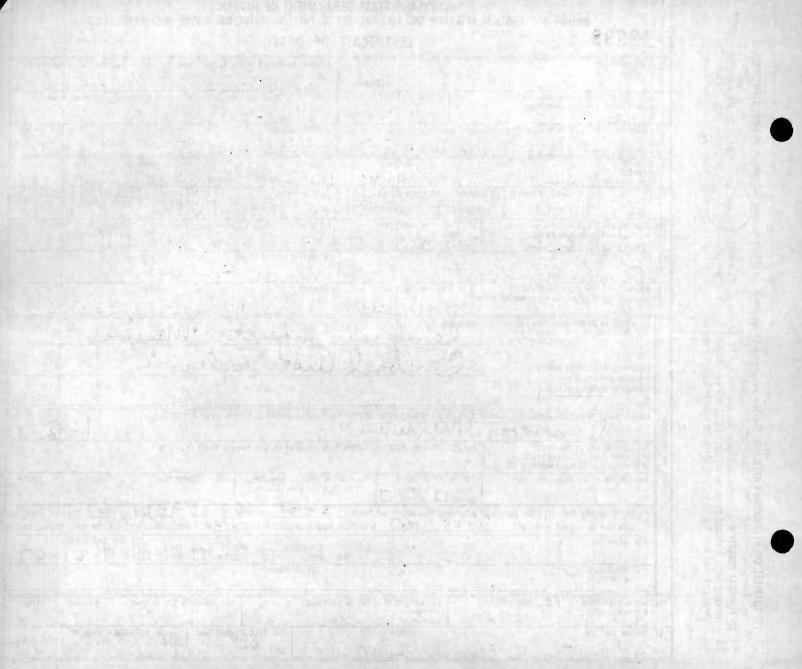
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12397 FOR S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Frederick o. STATE Maryland a. COUNTY b. COUNTY delay is Frederick MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Frederick vears e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 227 Dill Avenue 227 Dill Avenue YES NO X 24 hours after death. pencil in Item 18. Give Page 3. NAME OF 4 DATE Manth Year First Last any event within 72 Office alang wit DECEASED FREEMAN DERR OSCAR September 30, 1,67 the (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 7 last birthday) Months White Male Dec. 3. 1894 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of wark dane UNSRY A drettewing Mechigrated NBHSTBY Frederick. Maryland pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Florence McClain Hiram Derr and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Xes no, ar unknawn) (If yes give wor or dates af service) or remayal. 220-16-1314 Mrs. Viola E. Derr 227 Dill Ave. Fred. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward This certificate shauld burial, cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a). farwarded ta DUE TO invasences Alexand stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated agent, priar EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian for death respired fram: Natural causes Accident . Suicide . Hamicide Undetermined manner the funeral director. may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health ar its SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert J. Thomas, M.D. Address (Street, city, tawn, ar caunty) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) * 23o. BURIAL, CREMATION, (Stote) 0 BEHOVA (pecify) 10-3-1967 Christ Reformed Cemetery Middletown. Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ochanles 1967 Frederick. Marylandom OCT 4 Robert E. Dailey & Son

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12398 12407 CERTIFICATE OF DEATH deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Frederick Maryland requires that the deoth certificate be executed within 24 hours after papers. Pages 1 fin 72 hours after MARYLAND Frederick rsician and completely filled in by the please remove corbon papers. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 60 Years Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS East Second Street YES | NO X Visitation Convent 3. NAME OF Middle 4. DATE First Year event, wit, Lost Month Doy DECEASED (Type or print) Sister Ignatius Lovola Dove September 67 Mary 19 DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours White ond in ony Female WIDOWED DIVORCED May 31, 1881 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Culinary Dept. COUNTRY? INDUSTRY attending physician sermit. Then pleose isitation Convent Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, W. H. Dove Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) Visitation Convent Records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUF TO buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Poge 4 moy be retoined by the hospitol or ottending hos been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? use be detoched for use Stote Dept. of Heolth CERTIFICATION NO YES **DIRECTOR:** After this certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 21. I certify that (I) (this haspital) attended the deceased fram. 1966, to_ , that (I) (we) last director, page 3 shauld should be filed with the 7, and that death accurred at 11-55-M, fram causes and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** Sept. 11,1967 X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Toll House Avenue, Frederick, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Sept. 11.1967 Visitation Monastery Cem. Frederick, Maryland 0 2Sb. REGISTRAR'S SIGNATURE ADDRESS Taleley 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4 M. R. Etchison & Son, Frederick, Maryland DATESFP Charles 20 M 1/66

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Division	MARYLAND STATE DI of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMO	PRE. MARYLAND 21201
12399		OF DEATH	12408
PLACE OF DEATH O. COUNTY D. CITY OR TOWN (If outside co	MARYLAND DOCATE limits. C. LENGTH OF STAY IN 16	o. STATE maruland	ived, if institution: Residence before admission) b. COUNTY GLAUACE imits, write RURAL and give nearest town)
write RURAL and give neare	trawn) 3 wks.	Rural	10-1
d. NAME OF HOSPITAT OR INSTI	UTION (If not in hospital, give street address)	d. STREET ADDRESS Frederick	O. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	A KATHERINE	Lost 4. DATE OF DEATH 8. DATE OF RIPTH 9. A	Manth Day Year Land 1967 GE (In Yours IF UNDER 1 YEAR IF UNDER 24 HRS.
S. SEX 6. COLOR	WIDOWED DIVORCED	april 26, 1910 5	ost birthday) Manths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of during most of warking life, even if of the company of the c	f work dane liked) 10b. KIND OF BUSINESS OR INDUSTRY Price Electric Cor	11. BIRTHPLACE (County & State, or foreig	ncountry) 12. CITIZEN OF WHAT COUNTRY? W. S.A.
13. FATHER'S NAME Elmer d	enhart	14. MOTHER'S MAIDEN NAME	rec
IS. WAS DECEASED EVER IN U.S. ARI (Yes, na, or unknown) (If yes give	16. SOCIAL SECURITY NO. 17. Var or dates of service) 219-12-16-53	- James R. Duns	Address 2 Fred. R3, Md.
PART I. DEATH WAS CAU	only one cause per line form), (b), and (9) SED BY: DIATE CAUSE (a)	Infaction!	Masoure INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove	DUE TO Corelial	artinoch	wis
nse to immediate cause (a) stating the underlying cause last.			
PART II. D'HER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT INDITITELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING III CAUSE OI (IF EITHER, NOTIFY MEDICAL EXA	DEATH	(Enter nature of injury in Port I or Port II	of item 18.)
20c. TIME OF INJURY Manth, Hour o.m. p.m.	Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	ity or town) (County) (Stote)
	(this haspital) attended the deceased fram_	at death accurred at 3 41 AM.	ram causes and an the date stated above
220. SIGNATURE	+. D	.D. PHYS. DIRECTOR	STAFF PHYS. 22b. DATE SIGNED 9-21-67
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
230. BURIAL, (REMATION, REMOVAL (Specify)	Bb. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCAT	ION (City or Town) (County) (State)
24. FUNERAL DIRECTOR	ADDRESS Dad 1	250. RECO BY REGISTRAR DATE	196256. REGISTRAR'S SIGNATURE Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12400

CERTIFICATE OF DEATH

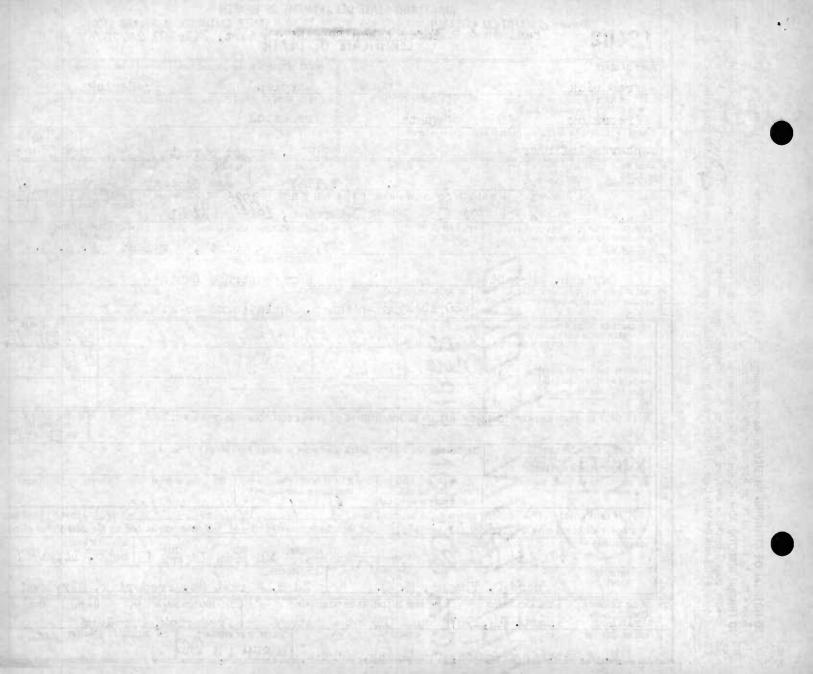
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		. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE ASIATE Trederick						
	-		If autside carparate limits, I give nearest tawn)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and				nearest taw	vn)
		Freder	ick		3 Years		Frederick		10	-1		
	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)		d. STREET ADDRESS				e. IS	RESIDENCE I A FARM?			
O		549 East Church Street								NO X		
		NAME OF DECEASED (Type or print)	Ignatius Firs	t	Myurtlin	ã.	Lost Dutrow	4. DAT	mon TH Septembe	r	Day 19	Year 19 67
	S. :		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	. 6.10	9. AGE (In years lost birthdoy)	Months		INDER 24 HRS.
		ale	White	WIDOWED			uly 12,1875	5	92° yrs.	Monnis	Doys	IOIS MIII.
	10a. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired) Letired 10b. KIND OF BUS LNDUSTRY Farmer		IND OF BUSINESS OR NDUSTRY ATMET		11. BIRTHPLACE (County & Stote, or foreign country) Frederick County, Md.				12. CITIZEN OF WHAT COUNTRY?			
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			3-3%	
		Rober	t Ignatius I	Dutrow			Annie Rebe	ecca	Johnson L	aMar		
	15.	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (Iff yes give war ar dates af service)				17. II	NFORMANT		Addre	ess		
	110	No.	(ii yes give war ar aares ar	2014(CO)	None	Mrs	. Margaret	D. M	iller(Sam	e as	item #	2)
		PART I. DEAI	e cause (a). rlying cause	(c)	Gertine Gerios d	herot Perot	art faile	t d	lueaie		JONSET A	L BETWEEN NO DEATH CONTROL OF THE CO
2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	ndition G	IVEN IN PART 1(a)			AUTOPSY FORMED?
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar I	Part II af item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. I While at war			E OF INJURY (Hame, farm ry, street, affice bldg., etc.		. (City or town)	(Cou	unty)	(State)
			fy that (I) (this haspeceased alive an	oital) atten			death accurred at	1965, GP.				(I) (we) last ated above.
		22a. SIGNATURE 22c PHYSICIAN'S		omo	Co.	D.M	22d. ADDRESS	MED. DIRECTOR	44	Sept	t.20,1	F-Y-
1		NAME (Type	James B.	Thoma	s. M. D.		1228 N. Ma	arket	Street, F	reder	ick, Md	•
1	23a	REMOVAL (Specify			23c NAME OF CEME St. John!				LOCATION (City or To		(County)	(Stote)
1	24	. FUNERAL DIRECTO			ADDRESS	a les	2Sa. REC'	D BY REGI	STRAR 2Sb. RI	EGISTRAR'S &	IGNATURE	48-
10			abi con & C.				A SEE		1967	Marile	2 Jus	

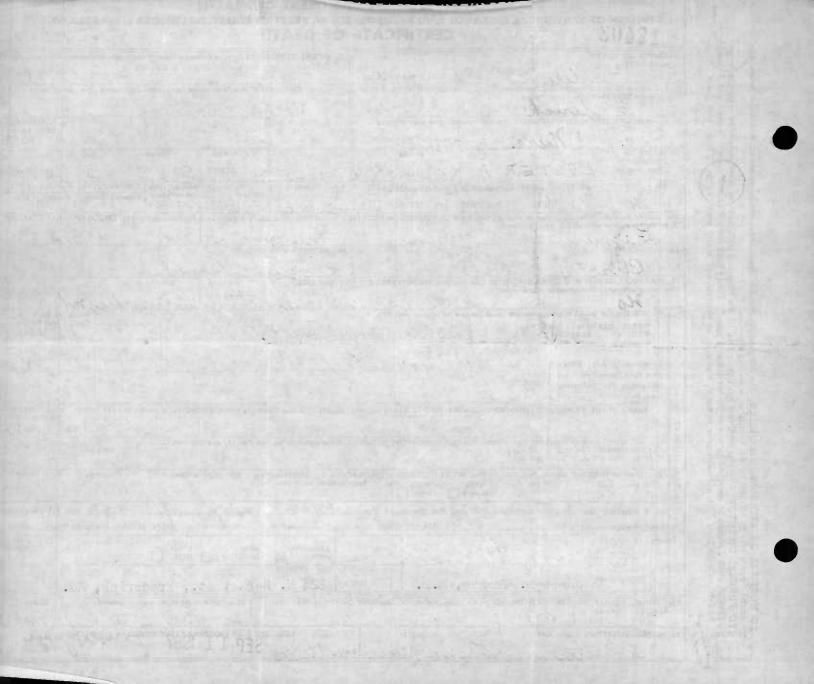
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth **10 FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicidn apd-completely filled in by the for director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1. Should be filled with the State Dept. of Health prior to burial, cremation, or removal, and then event, within 72 hours after Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

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1		MARYLAND STATI	DE	PARTMENT OF HEALTH	21201
		Division of STATISTICAL RESEARCH AND RECORDS 12402 Items #8 infor take CERTIFIC	ATE	from birth cert. Film#G3929/2	0/67 ph
F	1. P	PLACE OF DEATH o. COUNTY Frederick MARYLAN		2. USUAL RESIDENCE (Where deceased lived, if institution: Resion STATE b. COUNTY Maryland Freder	idence befare admission)
	Ь	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Fredrick C. LENGTH OF STAY IN I)	c. CITY OR TOWN (If autside carporate limits, write RURAL and Frederick	
/		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Montevue Infirmary		d. STREET ADDRESS 206 S. Market Street	e. IS RESIDENCE ON A FARM? YES NO
-	3. N	NAME OF First Middle		Last 4. DATE Manth	Day Year
-	S. S	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED X		B. DATE OF BIRTH 1926 9. AGE (In years IF UND Manth	10 19 67 DER 1 YEAR IF UNDER 24 HRS Days Haurs Min.
	10a. durir	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY			COUNTRY? U. S. A.
net .		FATHER'S NAME Lewis E. Abrecht		14. MOTHER'S MAIDEN NAME Mary Gertrude Lantz	
	IS. (Yes	114		NFORMANT Address nn B. Eppley(Same as item #2	
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	è	Carcinina liver	INTERVAL BETWEEN ONSEL AND DEATH
		Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause last.	1	COSYX	1 gears
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	01 (THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	EE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of injury in Part I ar Part II af item 1B.)	
1018000	MEDICAL	Hour o.m. 19 While at wark at wark	foct	tary, street, affice bldg., etc.)	(County) (Stote)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 19 , and 220. SIGNATURE	m_(tha	it death accurred at 10 a Mill fram causes and ar	19 <u>0</u> /, that (I) (we) In the date stated aba DATE SIGNED
/		22c. PHYSICIAN'S	_M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. Se	pt. 11, 1967
E	23a.	NAME (Type) Bernard O. Thomas, M. D. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	y OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
-		REMOVAL Specify Sept. 14,1967 Mount Oliv	tel	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	
		M R Ftchigen & Sen Frederick	M.	DATESEP 1 3 1961	



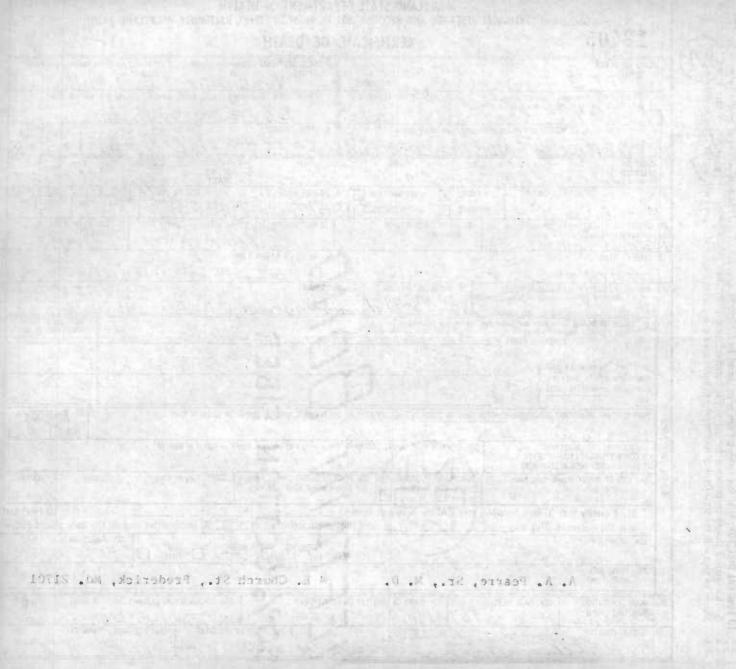
DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
12403 CERTIFICAT	E OF DEATH	12412
1. PLACE OF DEATH • COUNTY Trederick MARYLAND		Frederick.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 32 Jack d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Wilkersville	10-1
Frederick Mursing Home	d. STREET ADDRESS	IS RESIDEN ON A FAR YES NO [
(Type or print) LESTER TROLAND	ETZLER 4. DATE Month OF DEATH SUP!	3 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	March 6, 1892 9. AGE (Infrest) Hond March 6, 1892 85 yrs.	hs Days Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Target	Frederick co. md.	L. CITIZEN OF WHAT COUNT
13. FATHER'S NAME Charles Etaler	Florence applely	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of pervice)	INFORMANT Addréss	lle md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	n gertrie failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause	heart decease	5 yan
(e), stating the underlying DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH OF ITHER NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOP PERFORMED YES NO
	RRED. (Entar nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 2Df. (City or town) actory, street, office bldg., atc.)	(County) (State
	m $10/2.7$, 1961, to	on the date stated abo
226. SIGNATURE 226. PHYSICIAN'S 226. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DAT SIG
NAME (Type) James B. Thomas, M.D.	22d. ADDRESS 228 N. Market St., Freder	
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER Surial 9/6/67 Chapel C	em. Tilestite	own, my
24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	250. REC'D BY REGISTRAR 250. REGISTRA	R'S SIGNATURE



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 V	W. PRESTON STREET, BALTIMORE, MARYLAND 21201
= = ==		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
funer de	G. COUNTY Frederick' MARYLAND	d. STATE Maryland b. COUNTY Frederick
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral e. 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages. Land sed with the State Dept. of Health prior to burial, cremation, arremaval, and in any event within 72 hours after death	b. CITY OR TOWN (If autside carparate limits, Thurs RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. Thurs Monte of the control of t	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Thurmont
ottending physician and campletely filled in by the funeral permit. Then please remave carbon papers. Pages.1-and on, ar remaval, and in any event within 72 hours after deal	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Own Home	d. STREET ADDRESS Water St. On A FARM? YES NO E
	3. NAME OF First Middle DECEASED (Type or print) BERTHA I. EYLER	Last 4. DATE Manth Day Year Of DEATH Sept. 19 67
		DATE OF BIRTH 9. AGE (In years lost dirthday) 1 FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
ind in any ev	10a. USUAL OCCUPATION (Give kind of work done during-most of working life-aven if retired) 10b. KIND OF BUSINESS OR OWN HOME	11. BIRTHPLACE (County & State, ar fareign country) Pennwylvania 12. CITIZEN OF WHAT COUNTRY 2 COUNTRY 2
, 0		4. MOTHER'S MAIDEN NAME
E	Jacob Rudy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	Amanda Weaver
		es R. Eyler Jr. Thurmont, Md.
IN FUNEKAL DIKECIOK: After this certificate has been signed by the offending physician and cam director, page 3 shauld be detached for use as the burial-transit permit. Then please remave should be filed with the State Dept. af Health prior ta burial, cremation, arremaval, and in any expenses the state of the state Dept.	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost. DUE TO (c)	arterior desotutife interval between onser and death
ealth pr	11 070	YES NO E
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter noture of injury in Port I or Part II af item 18.)
		OF INJURY (Hame, form, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased fram According to the deceased alive and the deceased fram According to the deceased fram Acco	leath accurred at 24M, fram causes and an the date stated abave.
ed with	22a. SIGNATURE Ames Thay M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED
be fil	20. PHYSICIAN'S James K. Gray	Thurmont, Md.
Should	230. BURIAL, (REMATION, Burial) 23b. Date thereof 23c. NAME OF CEMETERY OR CREATERY OR CREATERY 24. FUNERAL DIRECTOR 25b. Date thereof 26c. NAME OF CEMETERY OR CREATERY 27c. NAME OF CEMETERY 27c.	ren Cem. Thurmont Fred. Co. Md.
	Paymont - Oregen Thurmont,	2Sd. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Md DATSEP 2 2 1967

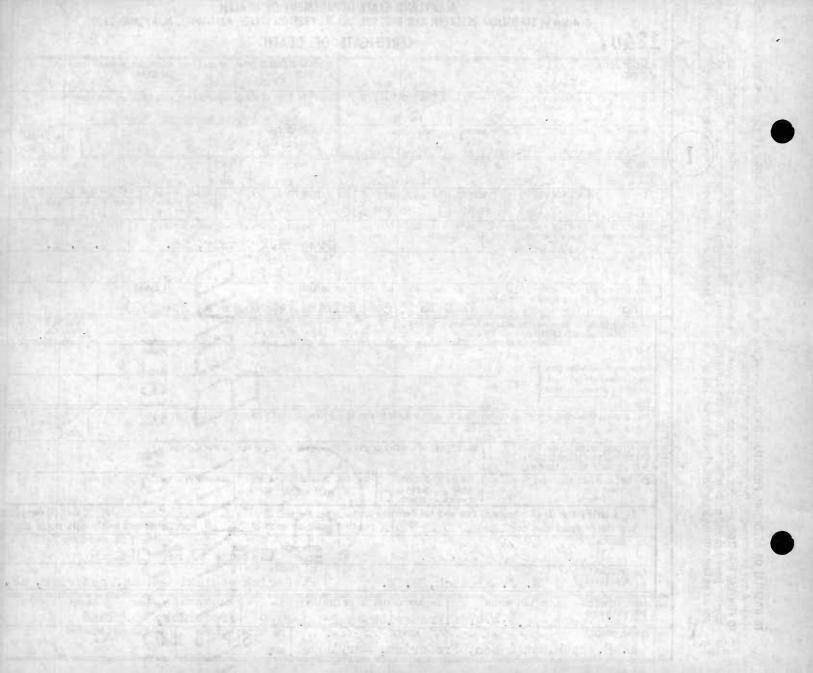
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21	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12405 CERTIFICATE OF DEATH
after death	1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (If autside carparate limits, county) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
n 24 hours a liled in by the papers. Page	write RURAL and give nearest town) FREDERICK d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) FREDERICK MEMORIAL HOSPITAL LOVETTSVILLE, VA., YES NO.
requires that the death certificate be executed within 24 hours after deating physician. In signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remove cerban papers. Pages I and a burial, cremation, or remaval, and in any event within 72 haurs after deat	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED S. SEY DIVORCED DIVORCED
th certificate be exeing physician and confined by the please remoremayal, and in any	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAIL WAY CLERK 13. FATHER'S NAME HARRY C. FILLER 14. MOTHER'S MAIDEN NAME FILL A DEVICE (County & State, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? VIRG-IN IA 14. MOTHER'S MAIDEN NAME
that the death c an. by the attending transit permit. T cremation, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 705-05-7771 MR.S. MARVIN FILLER VIRGINIA 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY:
The law requires that that that attending physician. has been signed by the se as the burial-transit the priar ta burial, cremat	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b) OUE TO OUE TO Myagandiel Defaution Output Ou
T all the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) . 19. WAS AUTOPSY PERFORMED? YES NO POR CONTRIBUTING OF CONTRIBUTING OF COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTION OF CONTRIBUTION OF COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
UDING PHYSICIAN: d by the hospital at After this certificate d be detached far to State Dept. af Hea	Clause Control County
R ATTENE retained ECTOR: A S shauld with the	saw the deceased alive an Sept 3 1967, and that death accurred at 4550M, fram causes and an the date stated abave. 220. SIGNATURE ATTENDING MED. STAFF 22b. DATE/SIGNED 22c. PHYSICIAN'S NAME (Type) A. A. Pearre, Sr., M. D. 22d. ADDRESS NAME (Type) A. A. Pearre, Sr., M. D. 4 E. Church St., Frederick, Md. 21701
TO HOSPITAL OF Page 4 may be NO 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230. BURIAL, CREMATION, REMOVAL (Specify) L 9-5-1967 (WION CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR Elevery Thirt Address 25. REC'D BY REGISTRAR'S SIGNATURE M. R. Etchuson Y Sow Telesciple Date SEP 8 1306 M. R. Etchuson Y Sow



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12415 HEALTH DEPI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ond 3 to M3. Poge of death. Frederick Maryland MARYLAND Frederick delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form Stote Frederick Memorial Hospital 426 N. Bentz St. YES NO KO Middle 4. DATE First Lost Month Dov Year DECEASED 20-Sept. 67 Fogle 19 (Type or print) Horace Greelev DEATH within. S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 5 8. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 70 lost birthdoy) Months Hours Days Male White May 15-1888 WIDOWED DIVORCED and 2 event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT Brush Factory during most of working life, even if retired) COUNTRY? ony Maryland U.S.A. poges in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ida Elizabeth White Charles Albert Fogle and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick, Md. 16. SOCIAL SECURITY NO. 17. INFORMANT or removol, (Yes, no, or unknown) (If yes give wor or dotes of service) 220-10-5888A Mrs. Lucy Kintz Fogle-426 N. Bentz St. 18. CAUSE OF DEATH (Enter only one cause per line for o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Word This certificate should cremotion, DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO pleose execute the certificate, 20o. EXTERNAL CAUSE WAS PRIMARY (or CONTRIBUTING) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) should CAUSE OF DEATH. 20e. PLACE OF INURY (Home form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year (County) Not While DIRECTOR: Page 42mg designated 21. I certify that I took charge af the remains described above, held an Autopsy for Inspection Inquiry and in my apinion death resulted fram: the funeral director. Natural causes A Accident . Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **FO DEPUTY** 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Thomas, M.D. Robert Realth Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) Frederick Mem. Park Frederick, Md. 21701 24. FUNERAL DIRECTOR E. M.R. Etchison 2So. REC'D BY REGISTRAR Frederick, Md.21701 & Son VR A15ME 6M 1/66

The Line F 0 0



-Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12408 CERTIFICATE OF DEATH 12417 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH attending physician and campletely filled in by the funeral permit. Then please remave car<u>ban papers</u>. Pages Land o. COUNTY o. STATE Frederick MARYIAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours af write RURAL and give pearest town)
Rural - Frederick Years Rural - Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 4, Frederick, Maryland YES TO NO Route # L. Frederick, Maryland NAME OF First Middle 4. DATE Lost Month Year DECEASED Fry Sept. 67 Harry C. (Type or print) DEATH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS. and in any ever SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours DIVORCED June 24. 1878 White WIDOWED Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Joshua C. Fry Maria Stout 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 220 16 0012 Howard C. Fry(Same as item # 2) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (k),
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DHE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been irectar, page 3 should be detached far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION State Dept. of Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work . 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from directar, page 3 should should be filed with the 9/14/6719 , and that death occurred at \$ 45 PM, from causes and on the date stated obove. saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR Sept. 16,1967 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN Dr. Richard C. Reynolds 804 Toll House Ave.-Frederick, Md. 21701 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Sept. 18,1967 Reformed Cemetery Church Hill Frederick . 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE M - ADDRESS Tapleles 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/60 M. R. Etchison & Son, Frederick, Maryland

TO THE PROPERTY AND THE PROPERTY OF THE PROPER A PERMITTER OF THE RESIDENCE FOR

director, page 3 shauld be detached for use as the burial-transit permit. Then please remoshauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

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The Williams					
I. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	CTATE	Where deceosed lived, if institution b. COUNTY	
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write RURAL of	and give nearest tawn)	Lifetime	,	derick	10.1
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3. NAME OF DECEASED (Type or print)	Hugh First T	lictor Middle Gitting	TTINGTA		tember 28-19 67
S. SEX	6. COLOR OR RACE 7, MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White widow	/ED X DIVORCED	Apr.14-1885	82 yrs.	Months Doys Hours Min.
		b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
			Laura C.	Gittinger	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Frederick-Md.
(Yes, no, prunknawn	(If yes give war ar dates of service)	217-10-0278 Mrs	s. Guy W. Nu	sz-111 E. Secon	
18. CAUSE OF PART I. DE	DEATH (Enter only one cause per line EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c).)	asterely	east dail	INTERVAL BETWEEN ONSET AND DEATH
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문 Hour	o.m. W		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
21. I cer saw the	tify that (I) (this hospital) at deceased olive an	tended the deceased fram 3	t death occurred at	951, ta Supt 2	, 19 <u>6</u>), that (I) (we) last and on the date stated above
22a. SIGNATUR	Same . G &	M.	D. ATTENDING D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN NAME (Ty		STUM=	22d. ADDRESS	redrich	Mo
23a. BURIAL, CREMA REMOVAL (Spec Cremation	TION, 23b. DATE THEREOF 9-29-1967	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
		Ft.Lincoln C	- 0	Washington :	
M.R.Etch		Frederick, Md.			STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 1d Fi 12419 124:0 be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH and completely filled in by the funeral remaye carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYI AND and in any event, within 72 haurs after c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick days Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 18 West 12th Street Frederick Nursing Cemetery Center NO X GREEN Last 3. NAME OF 4. DATE Day Year DECEASED September 17. 67 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) October 25, 1896 White WIDOWED & Female. DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of wasking life eye if retired) NOWERY Frederick County. Maryland requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, Emory C. Biser Mary E. Klipp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes 70 or unknown) (If yes give war ar dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 219-44-2846 Mr. Alfred Denn 406 Lee Place Fred. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF Page 4 may be retained by the hospital ar attending physician. DUE TO 2 YVS. WIDESPREAD METHSTASES Conditions, if any, which gave rise to immediate cause (a), DUF TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. foctory, street, office bldg., etc.) Not While at wark of wark 21. I certify that (I) (this hospital) attended the deceased from_ , 19.63, to 19.67 that (I) (we) lost 19 6 and that death occurred at M. fram causes and an the date stated above. sow the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR 9-17-1967 M.D. 22d. ADDRESS NAME (Type) Dr. Richard C. Reynolds M.D. 804 Toll House Ave. Frederick Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify)
Burial Mt. Olivet Cemetery Frederick. Maryland 9-20-1967 25b. REGISTRAR'S SIGNATUREO 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ADDRESS Frederick, Maryland DATE SEP Robert E. Dalley & Son



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2	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI	ND
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HEALTH DEPT.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence I a. COUNTY D. COUNTY	pefore admission)
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and 3.	3. NAME OF First Middle Lest 4. DATE Month Day DECEASED	Year
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n 18. Gi a along pages 1 in any	13. FATHER'S NAME	
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24 ho l ten Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Md.
I within 2 pencil in mlner's 0 permit. I	Yes W. W. 2 717 09 7837 Mrs. Jean Grenoble, 68 S. Market St. I	rederic
with pend pend pend perm perm	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 2	VAL BETWEEN T AND DEATH
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ild be executed "pending" in Medical Exam burial-transit cremation, or	Conditions, If any, which \ DUE TO Fatty infiltration of the liver	
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Fig. Sh		WAS AUTOPSY PERFORMED?
ficate shou the word o the Chief used as a to burial,	YES	NO T
the second	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 19. 19. YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)	
EXAMINER. This certificate should be executed within 24 hours after death. If any delay is e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page iles. R. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is signated agent, prior to burial, cremation, or removal, and in any event within 72 hours a signated agent, prior to burial.	E CAUSE OF DEATH.	
sho sho	200. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) 20f. (City or town) (County) fectory, street, office bidg., etc.)	(State)
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IEDICAL EXAMI Cute the certi age 4 should is r your files. DIRECTOR: Pag	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
EDICA ute ti ge 4 your your its d	ACTUAL COLOR CHIEF MEDICAL EXAMINER (22.	DATE SIGNED
ry MEDIII execute Page I for you tal DIRI	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	0 10
DEPUTY MEDIC lease execute rector. Page 4 trained for your FUNERAL DIREC Health or its	EXAMINER'S Robert J. Thomas, M. D. Address (Street, city, town, or county)	7-61
DEPUT please e director. retained FUNER of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City, town or county)	(State)
of de diplo	Burial (Specify) Sept.13,1967 Gettysburg National Cem. Gettysburg, Pa.	THOS
AMP ALCOHOL COR	24. FUNERAL DIRECTOR Struct MADDRESS Faller 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL PROPERTY SEP 1 3 1967 Killer SEP 1 3 1967 Killer SEP 1 3 1967	Judan.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 12422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH_DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE Maryland Fredrick MARYLAND funeral may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Depart after d Essex (21) Rural 3 Mi. W of Fredrick the d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? to se State Clifton Road 1109 Tace Dr. NO X YES 3. NAME OF First 4. DATE Month Middle Lest Year the DECEASED (Type or print) DEATH 19 67 ROBERT WAYNE HILDERBRAND. JR. September 27 2 with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) | Months | Deys | Hours | Min. uted within 24 hours after death. If it in pencil in Item 18. Give Pages 1, Examiner's Office along with form DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED Sept. 4, 1961 sent sent 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? \rightarrow Student Baltimore, Md. USA pages I in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert W. Hilderbrand, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Euna Grubb File 17. INFORMANT Address permit. removal, XAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is build be forwarded to the Chief Medical Examiner's Euna Hilderbrand NONE Same No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) burial-transit cremation, or CONGESTIVE PAILURE HIE ART cremation, DUE TO CARBON MONOXIDE INHALATION Conditions, If ony, which (b) geve rise to immediate DUE TO ceuse (a), stating the 7 used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY CERTIFICATION PERFORMED2 YES NO o e 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should tagent, prik MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While at work should be at work Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DIRECTOR: Homicide X. Undetermined manner death resulted from: Natural causes . Accident Suicide the CHIEF MEDICAL EXAMINER your 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** Address (Street, city, town, or county) 8/2 Toke House director. Robert J. Thomas. NAME (Type) M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, DATE THEREOF 23b. REMOVAL (Specify) 30/67 2 Oak Lawn Cemetery Baltimore Co., Md.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE EMMERAL DIRECTO ADDRESS Bruzdzinski 1407 Eastern Ave. VR ALSME James E.

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25 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STA	TE	12414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2423
HEALTH D	EPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. COUNTY b. COUNTY	sidence before admission)
	7)	Fredrick Maryland Maryland Balt	timore
tuneral funeral may be artment	ath	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	and give nearest town)
cess fune may	after death		03.2
the 5r	afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
age age	hours	Clifton Road 1109 Tace Drive	YES NOOC
any delay is Page PM3. Page	2	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
PR's an	2	(Type or print) ROBERT WAYNE HILDERBRAND, SR. DEATH September	27 19 67
urs after death. If an 18. Give Pages 1, 2 along with form P	1)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER) lest birthday) Months i	1 YEAR IF UNDER 24 HRS. Days Hours Min.
age.		Male White WIDOWED DIVORCED April 22, 1939 28 yrs.	
r de /e P with	even	during most of working life, even if retired) INDUSTRY CO	TIZEN OF WHAT
Given ng 1	ny e	Truck Driver Electrical Co. Fredrick, Md. USA	1
18. alo	in any	13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	
hour lice	and	Thomas H. Hilderbrand Helen Boone	
42 in 90 in		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
this er's	ova	No - 217 34 2703 Euna Hilderbrand Same	
CAL EXAMINER: This certificate should be executed within 24 hours a the certificate, writing the word "pending" in pencil in Item 18. 4 should be forwarded to the Chief Medical Examiner's Office alor writing.	removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
utec Exa	0 0	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE	
d be executed "pending" in Medical Exa	cremation,	Conditions, If any, which) CARBON MONOXIDE IN HALATION	
be e pend fedi	ma	gave rise to immediate	
ef %	6	causa (a), stating the DUE TO	
Short	i i i	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
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5 4 5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE. (Enter nature of injury in Part I or Part II of Item 18. PRIMARY CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) While At work At work at work at work	
d itie	2.0	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
This war	agent, prior	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
for for	98	Hour a.m. While Not While factory, street, office bidg., etc.)	
Tiffic be	teg	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , inquiry ,	and in my opinion
EXAM The cer should files.	gna	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
the sh	des	CHIEF MEDICAL EXAMINER	
DIC DIC	its	ACTUAL ACTUAL ACCIONANT MEDICAL EYAMINED	22. DATE SIGNED
execute Page 1 for you	9 6	DEPUTY MEDICAL EXAMINER	9-27-67
DEPUTY MEDICA please execute t director. Page 4 director our retained foundation	Health or its designated	EXAMINER'S NAME (Type) Robert J. Thomas, M. D. Address (Street, city, town, or county) 812 Tall	
DEPUT please e director. retained	문	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou	
D gip 2		Burnar (Specify) 9/30/67 Oak Lawn Cemetery Baltimore Co., Mc	i.
	1610	24. FUMERAL DIRECTOR 25b. REGISTRAR	5 SIGNATURE
VR AISME	1/65	pryzdzinski Funeral Home 1407 Eastern Ave. DATE SEP 29 1967 ycla	the judges

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12424 CERTIFICATE OF DEATH 12415 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deeth the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and PLACE OF DEATH g. COUNTY o. STATE b. COUNTY Frederick Frederick MARYLAND Marvland c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. write RURAL and give negrest tawn) Jefferson Frederick 24 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS entewithin 72 Frederick Memorial Hospital YES NO DC Year 3. NAME OF Middle Last. DATE Day DECEASED 19 67 Hubert September T. . (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Haurs WIDOWED DIVORCED ar remaval, and in any Aug. 17-1892 Male White 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY U.S.A. Frederick Co. Md. Farming 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Adelaide A. Herring Ezra J. Horine 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) 217- 16-2211 W. Ross Horine- Jefferson, Md. 21755 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) signed by physician. DUE TO 1746 Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying cause attending as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION of Health NO VY be retained by the hospital ar jo 20a. ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. 19 6 7, and that death accurred att. 10a M, from causes and an the date stoted above. shauld saw the deceased alive on director, page 3 sha shauld be filed with 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. MED. Sept. 4-1967 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jefferson, Md. 21755 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) St. Paul's Luth. Cemeterv netery Jefferson Md 21755 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Whitmore 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 DATSEP Frederick, Md.21701 M.R. Etchison & Son

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12425 CERTIFICATE OF DEATH 12416 The law requires that the death certificate be executed within 24 hours after death. by the funeral Poges 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Frederick o STATE Maryland a. COUNTY Frederick Thours after o MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY DR TDWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH DF STAY IN 1b Years Frederick Frederick e. IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address) 426 White Oak Place completely. filled YES NO IK Wynelle Nursing Home 4. DATE Month Year 3. NAME OF Middle Last Day First WIE DECEASED 19 67 September MARY JONES FRANCES DEATH (Type or print) 500 or removol, and in any event IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years B. DATE OF BIRTH S. SEX 6. CDLDR DR RACE 7 MARRIED NEVER MARRIED Blast birthday) Manths Days Haurs □ Nov. 25,1880 WIDOWED TO DIVORCED White Female 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 10g. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)
Housewife COUNTRY ? INDUSTRY Amsterdam, N.Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Annie Rastrick John Shuttleworth 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give war ar dates af service) Prederick, Md. 17. INFORMANT 16 SOCIAL SECURITY NO. Mrs. G. Horton Peace, 426 White Oak Place. 101 01 0783 burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-tronsit IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tho Page 4 moy be retained by the hospitol or ottending physician. DUE TD Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ar use NO S 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NDTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at wark at work directar, page 3 should be should be filed with the Stat 21. I certify that (I) (this haspital) ottended the deceased from Syst 5, 19 saw the deceased alive on Cest 23, 1967, and that deoth occurred ot , 1964, to Sept 24, 18, 7, that (1) (we) lost M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR Sept. 23,1967 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S h West Third St. Frederick, Md. NAME (Type) Thomas E. Stone, M. D. 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Tawn) (Caunty) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Sept. 26,1967 Crest Haven Cemetery Clifton. N. J. 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR M ADDRESS fadeles 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland

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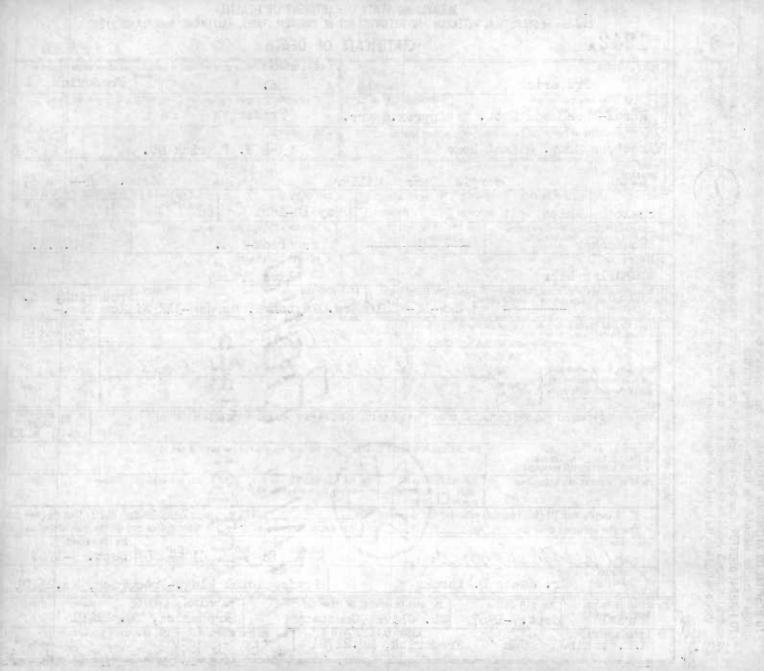
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12428 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Frederick davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE in 72 ON A FARM? 915 Motter Place Frederick Memorial Hospital NO 1 within 3. NAME OF Last DATE Day DECEASED FLORENCE VIRGINIA KEILHOLTZ September 14.1967 Sa F (Type or print) DEATH executed 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 5. SEX and cer 8. OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Last birthday) | Months | Days | Hours | Min. Female White March WIDOWED ! DIVORCED T 16. ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Switchboard Operator-Fred, Hosp. Frederick County. Md. U.S.A. certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Anna Flook Columbus W. Haupt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. , cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Xes. no, or unkown) (If yes give war or dates of service) 217-10-9210 Mr. W. Glen Keilholtz 915 Motter Pl. Fred. Md. 18. CAUSE OF DEATH [Enter only one cause derline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). signed burial-tr **OUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES TO NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING
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(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 113 M, from the causes and on the date stated above. saw the deceased alive on 22a. OR be page DIRECTOR PRYSICIAN'S NAME (Type)Dr. 22d. ADDRESS director, p John H. Teske M. D. 700 Montclaire Avenue Frederick. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION.I 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Mt. Zion United Brethren Cem. Myersy:
ADDRESS | 25a. REC'D BY REGISTRARI 25b. Burial Myersville, Maryland Robert Dailev Frederick. Maryland MATE VR A.15 (4) 20M 1/65

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olong with fr with the State within 72 ha	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF OF DEATH September 11- 19 67	
and 2 with event (with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED July 30–1905 19. AGE (In yeors lost birthdoy) Months Doys Hours Min Months Doys Hours Min 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	
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dical Exam rmit. File p aval, and	John Frank Kline Martha Biser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) (If yes give wor or dotes of service) 217-10-9293 Mrs. Betty Poole-Ball Road-Route 2-Frederic	ck
should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages land 2 with The State De ant, priar to burial, cremation, ar removal, and in any event within 72 hours	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH	_
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12421 CERTIFICATE OF DEATH 12436 24 hours after death by the funeral. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick a. COUNTY a. STATE Frederick papers. Pages 1 nin 72 hours ofter MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b Write RURAL and give negrest town) Hgts. Frederick Approx.4 yrs. filled in I e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Vindobona Conv. & Rest Home 354 W. Patrick St. YES NO X hin requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Last Day Year completely corbo DECEASED OF Sept. Georgia Miller 19 67 event. Derr (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** attending physicion communit. Then pleose remake, Jast birthday) Manths Days Haurs May 10-1881 Female White WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) **INDUSTRY** COUNTRY ? Frederick- Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, Charles Derr Alice Fraley 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Frederick, Md. permit. (Yes, na, or unknawn) (If yes give war ar dates af service) 214-10- 2416 Mrs. Clayton E. Morgan-312 Willow Ave. -INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY PINSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. DUF TO buriol, Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause this certificate hos been for use os the of Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO YES 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) be detoched State Dept. o 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While 19 at wark at wark FUNERAL DIRECTOR: After irector, page 3 should be d (lalle 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1965 director, page 3 should should be filed with the Account 19 17, and that death accurred at 5:25 M, from cases and an the date stated above saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. X Sept. 5-1967 PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Professional Bldg .- Frederick, Md. 21701 NAME (Type) Dr. James B. Thomas 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery Sept.7-1967 0 ADDRESS Whitmore 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Son Frederick. Md.21701 VR A15 (4) 196 Misselles 20 M 1/66



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		22c. PHYSICIAN'S NAME (Type	220223		oungs, fr.		idge	Summit,	Penn	a.	
)	230.	BURIAL, CREMATIC			23c. NAME OF CEMETERY OR Blue Ridge			OCATION (City or To	wn) . (C	ounty) (State)	
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MARYLAND STATE DEPARTMENT OF HEALTH

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	THER'S NAME arles C. Knodler		14. MOTHER'S MAIDEN I		
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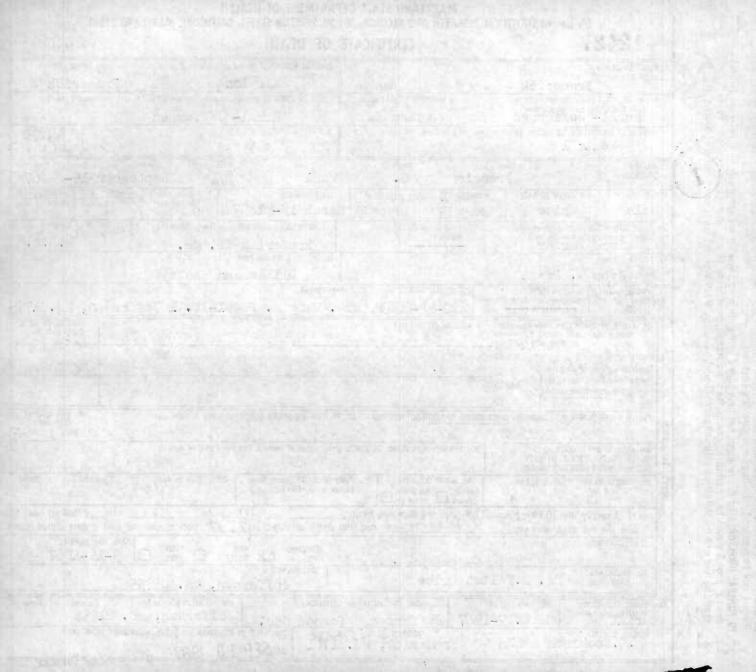
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iat the f the a insit pe	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LAURENTEEL STEELE STATE IMMEDIATE CAUSE (o)
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OR AT be reta DIRECT ed with	220. SIGNATURE M.D. PHYS. MEO. STAFF PHYS. 22b. DATE SIGNED 22c. DATE SIGNED
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Page of FUN direct	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

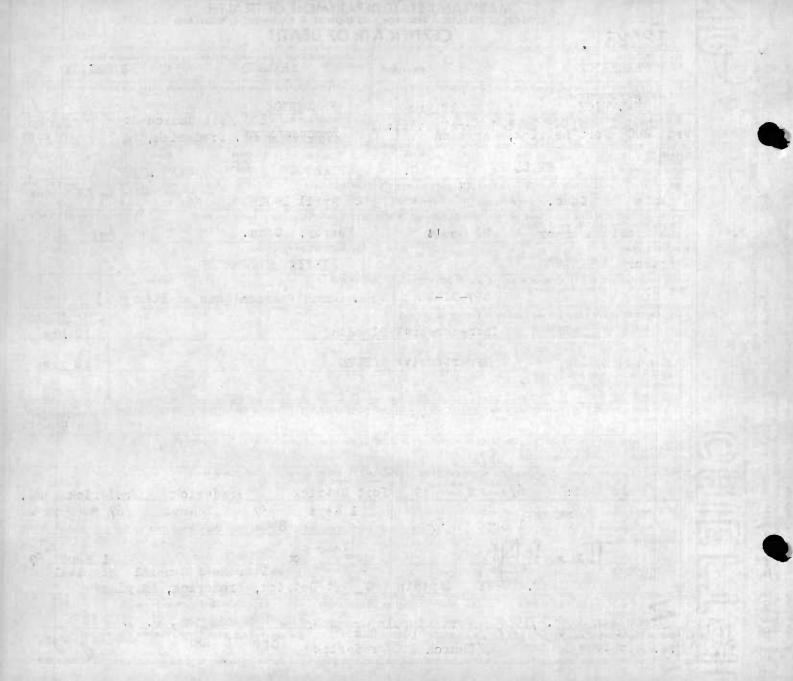


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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NAME (Type)	THOMAS P.	DUFFY	Captain	n M					, cour
	COUNTREDE. CITY OR TOWN RURAL PROPERTY FREDE. I. NAME OF DESTRUCTION OR INSTRUCTION I. NAME OF DESTRUCTION OR INSTRUCTION I. NAME OF DESTRUCTION I. NAME OF DESTRUCTION I. NO I. NO I. ATHER'S NAME Arthur WAS DECEASED EVI NO. or unknown NO I. CAUSE OF DE PART I. DE. 443 Conditions, if gove rise to couse (a), stoting lying couse loss. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 21. I certify the saw the decece 220. SIGNATURE a.	COUNTREDERICK CITY OR TOWN (If outside corporate limit RURAL PROPERICK) I. NAME OF HOSPITAL WAT in hospital or or institution Fort Detrice II. NAME OF HOSPITAL WAT in hospital or or institution Fort Detrice II. NAME OF HOSPITAL WAT in hospital or or institution Fort Detrice II. OCCUPATION (Give kind of work of during most of working life, even if retired) Chemical Engineer ATHER'S NAME Arthur PEARSON WAS DECEASED EVER IN U. S. ARMED FORMORD (If yes, give wor or dates of set institution) II. CAUSE OF DEATH [Enter only one compared to the couse (a), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yes, Hour o. m. The country of the couse o	COUNTREDERICK CITY OR TOWN (If outside corporate limits, write RURAL PROPERTICK (In a control of the control o	LACE OF DEATH COUNTREDERICK CLENGTH OF STAY RURALDERICK RURALDERICK RURALDERICK C. LENGTH OF STAY 12 yrs 1. NAME OF HOSPITAL User in hospital give street oddress) OR INSTITUTION OR INSTITUTION CALL 200 FORT Detrick, Maryland AME OF HOSPITAL User in hospital give street oddress) OR INSTITUTION CALL 200 FORT Detrick, Maryland ARME OF HOSPITAL User in hospital give street oddress) OR INSTITUTION CALL 200 FORT Detrick, Maryland AME OF HOSPITAL User in hospital give street oddress) AME OF HOSPITAL User in hospital give street oddress oddress ATHER SALL User in hospital give street oddress oddress oddress ATHER SALL User in hospital give street oddress oddress oddress ATHER SALL User in hospital give street oddress oddr	LACE OF DEATH COUNTREDERICK CITY OR TOWN [If outside corporate limits, write RURACH PROPRIET (K) RURACH PROPRIET (K) I. NAME OF HOSPITAL (If any in hospital gives street oddress) CAR INSTITUTION FOR THE DETICK II. NAME OF HOSPITAL (If any in hospital gives street oddress) CAR INSTITUTION FOR THE DETICK, MARYLAND AMAGINE CAUCO FOR RACE First Malde CAUCO WIDOWED DIVORCED US GOVST CATHER'S NAME Arthur PEARSON WAS DECEASED EVER IN U. S. ARMED FORCES? AND DECEASED EVER IN U. S. ARMED FORCES? III. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year While HOUR O, m. 11:00 19 67 of work in 19 67, and that decay are the deceased drive an I Sept 19 67, and that decay.	LACE OF DEATH COUNTREDERICK CITY OR TOWN (If outside corporate limits, write rules and record reco	LACE OF DEATH COUNTREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. o. STATE MARYLAND b. c. CITY OR TOWN (if outside corporate limits, write RURADEPTICK 1. CANAGE OF DEATH RURADEPTICK I. NAME OF DESTITAL Upper in hoperiod, give attrept oddread, and in the control of the contr	ALCO OF DEATH COUNTREDERTOK MARYLAND C. STATE MARYLAND D. STATE MARYLAND C. STATE MA	AREC OF DEATH COUNTY FRODERICK MARYLAND CITY OF FOWN (if outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF FOWN (if outside corporate limits, write RURAL and give nearest TRIDBILLY T

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 72438 12429 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the attending physician and campletely filled in by the ssit permit. Then please remove carban papers. Pagel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest nown) Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5II West Potomac Frederick Memorial Hospital YES NO X 4. DATE 3. NAME OF First Middle Lost Doy Year DECEASED (Type or print) WALTER RIDENBAUGH ABRIAN 9 6 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours white male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Inspec B&O R.R. Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Ridenbaugh Stella Ridenbaugh 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 705-10-2490R. Lorayne Feaster- Cumberland, Md. INTERWAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12447 12432 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, filled in by the company of the page of th write RURAL and give nearest town)
Frederick Frederick vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital Brooklawn Apts. YES NO SC 4. DATE 3. NAME OF First Month Last Doy Year carbon the attending physician and campletery sit permit. Then please remove carbon DECEASED 19 67 September 30-Ada Simpson A. (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED fast birthday) Months Haurs 12-24-1900 Female White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY **COUNTRY?** Frederick Co. Md. U.S.A. Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Not available Not available 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service) 214-10-1255A Paul D. Simpson-Brooklawn Apts.-Frederick INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY arcinoma tosis IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUF TO Carcinoma of endometrium Months Canditians, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse Page 4 may be retained by the certificate has been to FUNERAL DIRECTOR: After this certificate has been a found be detached far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO K YES [20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased fram 21 Bud 1967, ta 30 Sept, 1967, that (1) (we) last 1967, and that death occurred at 50. M, fram causes and an the date stated above. saw the deceased alive an 30 Sept 220. SIGNATURE 22b. DATE SIGNED Sept.30-1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Melvin E. Lea Frederick Medical Center-Frederick, Md. should ! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) BUREMOVAL (Specify) Oct -3-1967 Mt. Olivet Cemetery Frederick, Md. 21701 Frederick, Md.2170 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Milane Judge DATE 20 M 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 2442 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH completely filled in by the funeral love carbon pagers. Pages 1 and o. COUNTY Frederick o. STATE MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Frederick Frederick Years d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 1,600 Rosemont Avenue within 1600 Rosemont Avenue YES NO K NAME OF First Middle Last 4 DATE Month Year Doy DECEASED offending physicion ong compressions. Then please remove carbo Slifer DEATH September Viola B. 1967 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Jost birthday) Manths Days Hours ond in ony June 13, 1879 WIDOWED DIVORCED Female White 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign cauntry) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast af warking life, even if retired) COUNTRY? A. INDUSTRY Frederick County, Marylan Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removo Milton R. B. Rice Margaret Ann A. Sencil 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT The low requires that the death 220 30 9898 Maurice D. Slifer(Same as item # 2) No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BTVGESTIVE IMMEDIATE CAUSE (a) signed by be retained by the hospital or ottending physician. DUE TO Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been os the prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use of Health YES T NO 10 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached Stote Dept. a MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While at wark at wark Poge 4 may be retoined by 10 FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram /406097 1967, that (1) (we) last . 1961 to Sent. filed with the 1960, and that death occurred of 110 M, from couses and on the date stated above saw the deceased alive on, 22b. DATE SIGNED 22a SIGNATUR X Sept. 23,1967 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Richard C. Reynolds, M. D. Toll House Avenue, Frederick, Maryland director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Pleasant View Gemetery Burkittsville ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Fodeles 2So. REC'D BY REGISTRAR Mariles VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12446 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) . COUNTY b. COUNTY 是人 FREDERICK MARYLAND FREDERICK b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerast town) executed within 24 weeks 2 REDERICI FREDERICK d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO 4. DATE Year DECEASED OF (Type or print) DEATH av 1967 Pon 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months WIDOWED X FEMALE remove 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even if retired) Kansas any None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Willard Lavina Flynn Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yespino, or unkown) (Ifyesgivewerordetesofservice 216-54-7801 Mrs. Eleanor Wilt Adamstown. Maryland permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] the hospital or attending physician. INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e the burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (e), steting the underlying PARTAIL OTHER SIGNIFICANT CONDITIONS CERTIFICATION \$ o NO X for use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work D.m DIRECTOR: 19.67 to 9-9 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from July 19 7, and that death occurred at S.M. from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE SIGNED death. Page 4 PHYS. DIRECTOR PHYS. M.D page with th 22d. ADDRESS 22c. PHYSICIAN'S Willis Riddick NAME (Type) M.D. Frederick Medical Center Frederick . Md. ector, l 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Specify) る寺る Mount Olivet Cemeterv Frederick, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE DATSEP 13 Frederick, Maryland VR A15 (4) Robert E. Dailey 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND funeral b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)
Frederick-Rural RD#4 C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) may Yrs. Frederick-Rural RD#4 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 3 to 1 New Design Road, near Buckeystownes [X New Design Road, Near Buckeystown State NO 4. DATE 3. NAME DF Middle First DECEASED September 21. (Type or print) HAROLD **EDGAR** STONE DEATH 19 67 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH NEVER MARRIED Male White 19 Jan 1948 DIVORCED WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT Give COUNTRY? Frederick, Md. U. S. Farming Farm along pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Howard Stone Grace R. Summers File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I 215-50-0237 George H. Stone (Same as item #1) No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse-per line for (a), (b), end (e) PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, If any, which gava rise to immediata DUE TO cause (s), stating the 4 used as a to burial, underlying causa last. WAS AUTOPSY PERFORMED? FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION NO T YES TA 200. EXTERNAL CAUSE WAS PRIMARY TOO CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) the certificate, writing should lent, pri 3 shou 20d. INJURY OCCURNED | 2De. PLACE OF INJURY (Home, farm, (State) MEDICAL 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bidg., etc.) while Not While at work 4 should be 21. I certify that I took charge of the remains described above, held an Autoosv and In my opinion inspection Inquiry **Undetermined** manner death resulted from: Natural causes Accident Sc Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER SIGNATUR 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert J. Thomas. M. D. retained director. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 9/26/67 Frederick, Md. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR ALSME (5) M. R. Etchison & Son. Frederick. Md. 21701 1/65

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	e K. Summers	Grac		oward Stone	George H
item #1)	Stone (Same as i	George H.	15-50-0237	S	No

Robert J. Thomas, M. D.

Burial

9/26/67

Mount Olivet Cemetery

Frederick, Mr.

M. R. Etchison Son, Frederick, Md. 21701

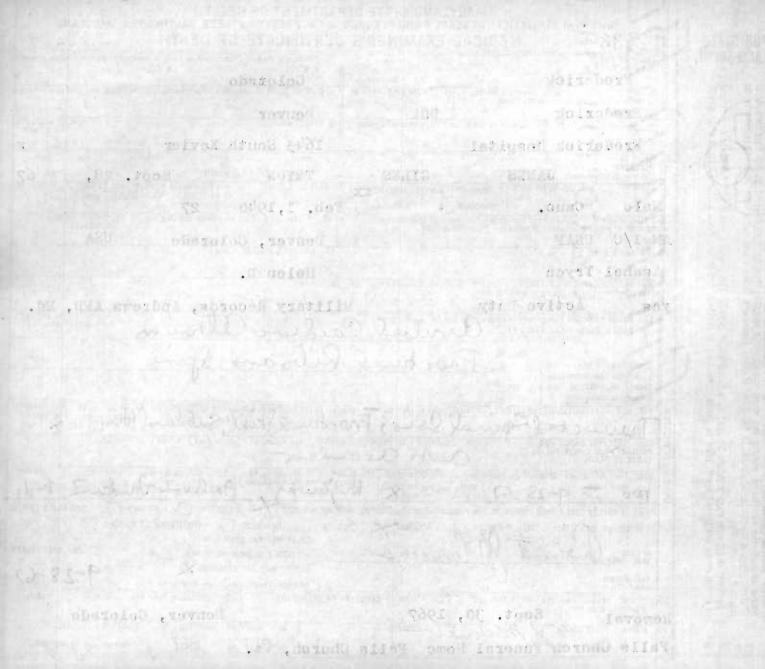
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12446 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick hours davs Thurmont e. IS RESIDENCE ON A FARM? and tompletely filled in ease romove tarbon papers. ond in any event, within 72 h d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital Lombard St. YES [NO X NAME OF Middle 4. DATE Month Year Dov First DECEASED Viola 5= 19 (Type or print) DEATH S. SEX 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED lest birthdoy) Months Dovs Hours White 1897 H'emale WIDOWED * DIVORCED Oct. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maryland the attending physicion sit permit. Then please The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, William F. Kevser Adella Stull WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 0 216-30-2992 Mrs. Grace Ecker Thurmont, Md. cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the prior to l hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use Heolth NO this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office blda., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Sel 1967, to 50027, 1967, that (1) (we) last pinous 19.67, and that death accurred at 6P M, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS DIRECTOR PHYS r, poge 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 101 director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. DATE THEREOF (County) Buria (Specify) Eaith Un. Christ Charlesville of 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Cre ager VR A15 (4) 20 M 1/66 1967

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2_1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12447
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY
550 52	Frederick MARYLAND Colotado
Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
S m 5 m	Frederick DOA Denver d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDEN
s at	ON A FARM
delay and 3 to 25 hours	3. NAME OF First Middle Last 4. DATE Month Day Year
5 E E E	(Type or print) JAMES GILES TRYON DEATH Sept. 28, 19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 H lest birthday) Months Days Hours Milest birthday Milest birth
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with with	during most of working life, even if retired) INDUSTRY COUNTRY?
urs after deat n 18. Give Pag s along with pages 1 and 2 in any event	AM 1/C USAF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours m 18 e al	Asahel Tryon Helen D.
24 ho office Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's 0 permit. I	yes Active Duty Military Records, Andrews AFB, Md.
EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 should be forwarded to the Chief Medical Examiner's Office along with form files. **Ton: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause by line for (a) (b), end (s).] PART I, DEATH WAS CAUSED BY:
Eximite ansit	MMEDIATE CAUSE (e)
d be executed "pending" in f Medical Exar burial-transit cremation, or	conditions, If any, which) DUE TO Fractured Ribs and Spine
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ficate shou the word the Chie to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTER TELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART II. OTHER SIGNIFICANT CONTRIBUTIONS
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ritin ded ld b prio	20a. EXTERNAL CAUSE WAS PRIMARY SOFT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
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VER:	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour p.m. 9-28 196) While Not While at work At work While at work Not While
AMII ertiid bid b Pag Pag nate	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opini
DEPUTY MEDICAL EXAMINE ease execute the certificatector. Page 4 should be tained for your files. FUNERAL DIRECTOR: Page if Health or its designated	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
S E B A	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNE
Execute execute Page 4 for your RAL DIRE th or its	DEPUTY MEDICAL EXAMINER
DEPUTY lease ex irector. etained f FUNERAL f Health	EXAMINER'S NAME (Type) Address (Street, city, town, or county)
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5	Removal Sept. 30, 1967 Denver, Colorado 24. FUNERAL DIRECTOR ADDRESS Denver, Colorado 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	Falls Church Funeral Home Falls Church par CLJ 4 1967 garden Judge
5M 1/65	THE THE PARTY OF T



	tem 18 Film 393 10-10-67MARYLAND S Division of STATISTICAL RESEARCH AND REC	CORDS, 30	1 W. PRESTON STREET, BALTIM	ORE, MARYLAND 2120	11
	12439 CERT	TIFICATE	OF DEATH		12448
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceosed o. STATE	lived, if institution: Residence b. COUNTY	before odmission)
	Frederick	ARYLAND	Maryland	Fre	derick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF ST. yea:		c. CITY OR TOWN (If outside corporate	limits, write RURAL and give i	neorest town)
	Frederick yea: d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)		Frederick d. STREET ADDRESS		l e. IS RESIDENCE
	Frederick Memorial Hospital		1000 Carrol	l Parkway	ON A FARM?
3.	NAME OF First Middle		Lost 4. DATE	Month	Doy Year
	DECEASED (Type or print) Burenice O'Hara	-	key OF DEATH	September	
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED	B. DATE OF BIRTH December 7-1900 66	AGE (In years IF UNDER 1) Jost birthdoy) Months I	YEAR IF UNDER 24 HRS. Doys Hours Min.
000	Female White WIDOWED DIVOI USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O		11. BIRTHPLACE (County & Stote, or foreign		EN OF WHAT
dur	i. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS OF INDUSTRY	N.	Frederick Co. Md		VIRY? U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Woodward A. O'Hara	Do Harris	Hattie Scarff		
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N 218-30-88	0. 20 Ne	nformani vin T.R.Waskey- Sa	me as 2 d and	c
	1B. CAUSE OF DEATH (Enter only one couse por the br (o), (b), ond (o). PART I. DEATH WAS CAUSED BY:	110	00. 7 2:0		INTERVAL BETWEEN ONSET AND DEATH
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	lost. (c) CHIOTIC a		ute pyelonephriti		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING ☐ 20B. DESCRIBE HOW INJUR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED.	(Enter noture of injury in Port I or Port II	l of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While Not While		ICE OF INJURY (Home, form, 20f. (tory, street, office bldg., etc.)	City or town) (Coun	ty) (Stote)
×	p.m. 19 ot work at work			3 1 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, , , , , , , , , , , , , , , , , , ,
	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 9-19-19-1	ed fram_	1953, ta it death accurred at 10:30 f.M,	from couses and an the	, that (I) (we) la
	220. SIGNATURE	_, und inc		22b DAT	F SIGNED
	the amounting	M.		Staff Sept	.20-1967
	NAME (Type) Dr. Rex R. Martin		22d. ADDRESS 220 N. Market S	St. Frederick,	Md.21701
230	RUPLAL CREMATION 235 DATE THEREOF 23c NAME OF (CEMETERY OR	CREMATORY 23d. LOCA	TION (City or Town) (C	County) (Stote)
	Bull a (Specify) Sept . 22-1967 Mt. 01	ivet C	emetery Fred	lerick, Md. 21	,,
24	M.R. Etchison & Son T. Frederick	Md-2	250. REC'D BY REGISTRAR		11 0 0
	Trode Tou	3 22000	DATSEP 25 1	967 Theres	V

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12440 12449 death. death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY q._STATE Maryland Frederick MARYLAND Frederick 24 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Braddock Heights Buckeystown 3 Months d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? physician and campletely filled in Buckeystown Vindabona Nursing Home YES NO TO Netthin. he law requires that the death certificate be executed within 3. NAME OF offending physician was corban nermit. Then please remove corban Middle First 4. DATE Day Year DECEASED MARY DEATH September 8 E. WHITE 19 67 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Hours burial, crematian, or remaval, and in any Female White WIDOWED DIVORCED September 30, 1893 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Frederick County. Md. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice Cline Martin Miss 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 212 24 6211 James M. White, Buckeystown, Maryland TB. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gave nse ta immediate cause (a), DUE TO stoting the underlying cause FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Nat While foctory, street, office bldg., etc.) 19 at wark ot work to 8 Sept 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from . 19 director, page 3 should should be filed with the 1967, and that death occurred at 7 A M, fram couses and an the date stated obove. saw the deceased alive an & Sopr 22a_SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 228 N. Market Street, Frederick, Md. Charles H. Conley, Jr. M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Frederick Memorial Park Frederick. Maryland 0 Buria 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS + ALLEE M. R. Etchison & Son, Frederick, Maryland DATE SFP] 20 M 1/66

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9 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
	a. COUNTY Trederick. a. SIATE b. COUNTY Trederick.
o the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
fun may may	Tredirich 4 hrs. Rural - Mt. Pleasant 10-1
Der Jahr	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Page State	Frederick Memorial Hosp. YES NOD
MA3.	3. NAME OF First Middle Last 4. DATE Month Oay Year OF DECEASED OF DEATH SEATH 1947
n Plan lith thin thin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) IFUNDER 1 YEAR IFUNDER 24 HRS.
ith. Iges for 2 w	F WIOWED OIVORCEO Sept. 8, 1918 49 yrs.
urs after death. If an a land with form form form pages 1 and 2 with in any event within	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after Giv ng 1 s 1	Mone-Housewife Maryland U.S.A.
n 18. alo page in a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THE STATE OF
24 ho Tifice and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
nin 2 ris in r's C nit. wal,	(Yes, no, or unknown) (If yes give war or dates of service) — Mr. Colorie Wiles RI Frederick W.
within 2 pencil in miner's 0 permit. I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (o).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH
uted ", in Exal nsit	PART I. DEATH WAS CAUSED BY: UNSET AND DEATH IMMEDIATE CAUSE (6) Congestive Part Jouline UNSET AND DEATH
exec ding ical il-tra rtion,	Conditions, If any, which) OUE TO Wassing Lett Care had Jemanhage
The Med Med Med Suria	geve rise to immediate
noulcord brid hief s a l	underlying cause last. (c) isserted tryperture.
icate should be executed the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
tifficath to the to the to the to the	YES NO 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 1B.)
The EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page if files. The should be used as a burial-transit permit. File pages 1 and 2 with the State I designated agent, prior to burial, cremation, or removal, and in any event within 72 hours are designated agent.	B PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
te, orwa s sho gent	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 10c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County County
INER Liffica be 1	
EXAM he cerr should files. FOR: Pa	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
the the shur fill or design de	CHIEF MEDICAL EXAMINER
xecute the Page 4 for your Its of its	ACTUAL SIGNATURE
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. TO FUNERAL DIRECTOR: Page of Health or its designated	EXAMINER'S EXAMINER'S Address (Street city town or county)
o DEPUTY please ex director. retained of FUNERA	NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
見る時を見る	Burial 9/21/67 Chapel Cem. Mr. Libertytown Md.
VR ALSME IS	24. FUNERAL OIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE J. C. Boxton Wolfe Marsilla and OATE SEP 2 1 1967 Formulas Junger
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1	1. 1	PLACE OF DEATH				2. USUAL RESIDE	VCE (Whare			denca bafore	admiss
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		write RURAL end	(if outside corporate lie d giva nearest town)	mits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside c	orporata limits, write	RURAL and g	va neerast to	own)
ı		l'hurmont	,		Lifetime		nurmo	nt		10	1
l				l (if not in ho	spital, give street eddress)	d. STREET ADDRESS	5				RESIDEN
J	2	NAME OF								1] NO [
		DECEASED (Typa or print)	ROSS	н.	WILLHIDE	Last	4. DAT		pt. 27	Pay Ya	,
	5.	SEX	6. COLOR OR RAC	7. MARRIE	THE TER MAKKED	B. DATE OF BIRTH		9. AGE (In yeers last birthday)	Months Day		ER 24 HF
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	dor	e during most of wo	TION (Giva kind of wo orking lifa, aven if reti	rad)	IND OF BUSINESS OR INDUST			or foreign country)		OF WHAT	COUNT
	12	Mason FATHER'S NAME			ontractor	Maryla			US	A	
ı		Samuel J	J. Willh	130		Mary		- 77			
l	_		VER IN U.S. ARMED FO		SOCIAL SECURITY NO. 1 17.		L OLU	Address			
ı	(Yes	, no, or unkown) (I	If yes give war or datas o	fservica)	16-03-7579	Miss Mar	r Mar		Thurm	ont	MA
l	T			1	lina for (a), (b), and (c),	711100 1101	A AA T T	THITOG	TITALI	INTERVAL B	-
		PART I. DEAT	TH WAS CAUSED BY:	, - No	* * disa a:	- (to in a 0	+	tol-		ONSET AND	DEATI
1		4200	DUE TO	^	igg - creating	1 Control of Co	rolle	- Marie		3 9	7
I		Conditions, if any		XI	ourralized 1	Esterios do	1-0-3 in	, -		10 m	2
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l		(a), stating the u	indariying	c)							
	ZO	PART II. OTHE	R SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART 1(19. WAS	AUTOF
I	Z Z			none	2					YES 🗌	NO
	E.E.	OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER	1 0	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Pert I or P	ert II of item 1B.)			
ı	MEDICAL	20c. TIME OF INJU	URY Month, Day, Y	eer 20d. While		ACE OF INJURY (Home, factory, streat, office bldg., et		City or town)	(County		(State)
	WEL	p.m.	19	at wo		0					
ı		21. I certify t	that (1) (this hosp	ital) atten	ded the deceased from	7		10 Sift 2			
l			sed alive on A.	px 23	19.6.7., and tha	death occurred at		om the causes	and on the		
l		22a. SIGNATURE	An a	· di		ATTENDING	MED.	STAFF		22	2b. DA SIG
		OO BUYELELANGE	Junes	Maria	-4	W.D. PHYS.	DIRECTOR	PHYS.	5 53		10
		22c. PHYSICIAN'S NAME (Typa)		K. G	rav	22d. ADDRESS	Thur	mont, Mo	4 -		
	22-	DIDIAL CREMAT	ION, 236. DATE TH		23c. NAME OF CEMETERY	OP CREMATORY		CATION (City, to			(Stata)
ı		Burial (Specify)			United Bre	threb Cem.	Th	urmont,	Fred.	Co.	
١					ADDRECE	OF. D	CID BY BEC	SICTRAD OF BE	CICTRADIC CIC	MATHRE	
	24	FUNERAL DIRECTO	R'S SIGNATURE R	aymon	d E. Creage	r DC		1967 256. RE	lime	udal	-

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ADDRESS

12459

Frederick

YES

Day

12. CITIZEN OF WHAT

U.S.A.

e. IS RESIDENCE

DN A FARM?

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

YES

DATE SIGNED

(County)

22b.

NO X

(State)

(State)

Md.

NO X

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V I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12453
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
the funeral the funeral 5 may be Department	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick 3 years c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural
Dep the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route # 6 On A FARM?
delay nd 3 to Page hours	THE THE PROPERTY OF THE PROPER
any delay h. 2, and 3 to t. PM3. Page h tye State D	OF CEASED (Type or print) ADELINE ERNESTINE ZEPP DEATH September 19, 19 67
h. If form form withi	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hour
fter dead Give Pag g with 1 and 3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 10b. Kino of Business or Industry None 11. BIRTHPLACE (State or foreign country) Syracuse. New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.
ours aften 18. Gi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hours n item 18 Office all File pag , and in a	Sidney J. Raymo Magalene C. Schmeider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
hin 24 il in 1 r's Of nit. Fi oval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dates of service) 074-07-9021 Mr. Philip S. Zepp Frederick, Route # 2, Md.
ed within in pencil in pencil in xaminer's it permit.	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND OEATH
uld be executed 1 "pending" in perfect in pe	conditions, If any, which) DUE TO Subdural Hemorrhage Right
uuid be d "per ief Mec a burii	cause (a), stating the DUE TO
TEXAMINER: This certificate should be executed within 24 hous the certificate, writing the word "bending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files. Files. TOR: Page 3 should be used as a burial-transit permit. File publishated agent, prior to burial, cremation, or removal, and idesignated agent, prior to burial.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. EXTERNAL CAUSE WAS PRIMARY 17 or CONTRIBUTING COURSED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
rtific ng t 1 to 1 to be u or tc	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
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ER. This certificate, writing to forwarded to a should be a seent, prior I agent, prior I	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work 19 at work 20d. INJURY OCCURRED at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State)
MININ Id but by Page	21. I certify that I took charge of the remains described above, held an Autopsy A Inspection , Inquiry , and in my opinion
EXA shoul files. for: esign	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
RECT PRECT	ACTUAL COLOR CHIEF MEDICAL EXAMINER 22. DATE SIGNED
execute execute d for your RAL DIRE	SIGNATURE M.D. PEDILITY MEDICAL EVANIMED C
VITY e e by tor. hed WERA salth	NAME (Type) Address (Street, city, town, or county)
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. TO FUNERAL DIRECTOR: Page of Health or its designated	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 9-22-1967 Arlington National Cemetery Fort Myon
	Burial 9-22-1967 Arlington National Cemetery Fort Myer VII 91111 and Adoress 25a. Rec D by Registrar's Signature
VR AISME (5) 5M 1/65	Robert B. Dailey & Son Mort Horizon, Maryland SEP 25 1981 Junes June

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